

AUTO CR - LOG SUMMARY #1071916

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that involved and witness officers responded to a call for a mental patient, and upon arrival, the subject threw numerous objects including a knife at the involved officer. The involved officers then deployed their Taser at the subject.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FLISK, MARGARET J	2682		009 /	SERGEANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
08-OCT-2014 04:26 - 08-OCT-2014 04:26	CHICAGO, IL 60616	0915	009	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject						M	WWH	CHICAGO	
CPD Employee	Witness	VELAZQUEZ, MARTIN J	13242		009 /	POLICE OFFICER	M	S		
CPD Employee	Involved Member	LINDSTROM, BRIAN J	10592		009 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	MACIAS, ALFONSO	5344		009 /	POLICE OFFICER	M	S		
CPD Employee	Witness	CAMPAGNA, JAMES C	4222		009 /	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	KELLY, PATRICK J			009 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party	FLISK, MARGARET J		NO RELATIONSHIP
Reporting Party Third Party	FLISK, MARGARET J	KELLY, PATRICK J	CO-WORKER
Reporting Party Third Party	FLISK, MARGARET J	LINDSTROM, BRIAN J	CO-WORKER
Reporting Party Third Party	FLISK, MARGARET J	MACIAS, ALFONSO	CO-WORKER
Reporting Party Third Party	FLISK, MARGARET J	CAMPAGNA, JAMES C	CO-WORKER
Reporting Party Third Party	FLISK, MARGARET J	VELAZQUEZ, MARTIN J	CO-WORKER

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	

Notify Coordinator?

Notification Does Not Apply?

Y

Notification Other?

N

Notification Comments:

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE		N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
KOBEL, DANIEL	Primary	RAPID RESPONSE	10-NOV-2014	08-FEB-2015	03-FEB-2015	85
ROBERTS, GEORGE	Supervisor	RAPID RESPONSE	02-NOV-2014	31-JAN-2015	03-FEB-2015	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	11-FEB-2015 08:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	11-FEB-2015 08:38	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	See CR 1073630
PENDING C.O.P.A. COORDINATOR REVIEW	06-FEB-2015 07:27	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	03-FEB-2015 03:40	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	10-NOV-2014 10:55	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING ASSIGN INVESTIGATOR	02-NOV-2014 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-OCT-2014 03:05	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-OCT-2014 02:27	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	20-OCT-2014 10:02	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	08-OCT-2014 06:38	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	08-OCT-2014 06:38			
1	INVESTIGATION					KOBEL, DANIEL	12-NOV-2014 09:16			
2	CONFLICT CERTIFICATION					ROBERTS, GEORGE	10-NOV-2014 10:55			
3	CONFLICT CERTIFICATION					KOBEL, DANIEL	30-DEC-2014 07:13			

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
4	DOCUMENTS - INVESTIGATION		1		Y	KOBEL, DANIEL	03-FEB-2015 03:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO James Campagna	N	HAYES, SHANNON	20-OCT-2014 10:01	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED] : Battery - Agg Po Hands No/Min Injury	N	HAYES, SHANNON	20-OCT-2014 02:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO James Campagna	N	HAYES, SHANNON	20-OCT-2014 10:00	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Patrick Kelly	N	HAYES, SHANNON	20-OCT-2014 10:01	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	PO Patrick Kelly	N	HAYES, SHANNON	20-OCT-2014 02:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Brian Lindstrom	N	HAYES, SHANNON	20-OCT-2014 02:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED] : Non-Criminal - Mental Health Transport	N	HAYES, SHANNON	20-OCT-2014 09:59	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Martin Velazquez	N	HAYES, SHANNON	20-OCT-2014 02:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	PO Brian Lindstrom	N	HAYES, SHANNON	20-OCT-2014 02:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Patrick Kelly	N	HAYES, SHANNON	20-OCT-2014 10:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Alfonso Macias	N	HAYES, SHANNON	20-OCT-2014 10:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Brian Lindstrom	N	HAYES, SHANNON	20-OCT-2014 02:23	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		KOBEL, DANIEL	03-FEB-2015 03:39			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		KOBEL, DANIEL	03-FEB-2015 03:40			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		KOBEL, DANIEL	03-FEB-2015 03:39			
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		KOBEL, DANIEL	03-FEB-2015 03:40			
	DOCUMENTS - INTAKE INCIDENT		2	PO Alfonso Macias	N	HAYES, SHANNON	20-OCT-2014 10:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		6	[REDACTED]	N	HAYES, SHANNON	20-OCT-2014 10:00	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			[REDACTED]		KOBEL, DANIEL	03-FEB-2015 03:39			
	DOCUMENTS - INTAKE INCIDENT		2	PO Martin Velazquez	N	HAYES, SHANNON	20-OCT-2014 02:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	HAYES, SHANNON	20-OCT-2014 02:21	APPROVED		

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	DEAN, BRUCE	SUPERVISING INV COPA	113	06-FEB-2015 07:27	reference: 1073630

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 08-OCT-2014) - LOG #1071916

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FLISK, MARGARET J	2682		009 /	SERGEANT OF POLICE	F	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
08-OCT-2014 04:26 - 08-OCT-2014 04:26		0915	009	290 - RESIDENCE	
	CHICAGO, IL 60616				

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	RAPID RESPONSE	KOBEL, DANIEL (PRIMARY INV)	10-NOV-2014 10:55	ROBERTS, GEORGE	
IPRA	RAPID RESPONSE	ROBERTS, GEORGE (SUPERVISOR)	02-NOV-2014 16:15	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	-	02-NOV-2014 16:15	WEEDEN, WILLIAM	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	08-OCT-2014 18:38	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	11-FEB-2015 08:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	11-FEB-2015 08:38	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	See CR 1073630
PENDING C.O.P.A. COORDINATOR REVIEW	06-FEB-2015 07:27	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	03-FEB-2015 03:40	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	10-NOV-2014 10:55	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PENDING ASSIGN INVESTIGATOR	02-NOV-2014 04:15	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-OCT-2014 03:05	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	20-OCT-2014 02:27	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	20-OCT-2014 10:02	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	08-OCT-2014 06:38	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

INDEPENDENT POLICE REVIEW AUTHORITY

03 February 2015
Log # 1071916

TO: Chief Administrator
Independent Police Review Authority

FROM: Investigator Daniel Kobel, #136

SUBJECT: Attempt to Contact Subject (Enhanced Taser Program)

On 03 February 2015, the R/I reviewed documents related to the Non-Criminal Hospital Transport of [REDACTED] to gather more information regarding a taser deployment incident in which he was involved. The R/I met with the following results:

☐ Unable to contact due to no address or telephone contact number provided on departmental reports.

☐ Spoke with ___ (Subject/Detainee) _____ who made no allegations of excessive force.

☐ Spoke with (Witness or Caretaker) _____ who made no allegations of excessive force relative to this incident

☐ Westlaw search of (Subject/Detainee) failed to produce a valid address or contact number.

☒ Other Spoke with [REDACTED] the mother of [REDACTED] who stated that she was a witness to the incident and provided an account that differed from Department reports. [REDACTED] made several allegations of excessive use of force. Based on [REDACTED] allegations, the R/I registered Log #1073630.

Approved

IPRA Supervisor

Inv. Daniel Kobel, #136

Log # 1071916
Attachment #

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

CLOSED NON-CRIMINAL

INCIDENT

IUCR: 5079 - Non-Criminal - Mental Health Transport

Occurrence [REDACTED]

Beat: 0915

Unit Assigned: 0973

Location: Chicago IL
090 - Apartment

RO Arrival Date: 08 October 2014 15:55

Occurrence Date: 08 October 2014 15:45

PARENT/GUARDIAN - Individual

NON OFFENDER

Name: [REDACTED]

Res: [REDACTED]

Chicago IL

Beat: 1034

Beat: 5100

Demographics

Female
White Hispanic

Age: 59 Years - Approx.

VICTIM - Individual

Name: [REDACTED]

Res: [REDACTED]

Chicago IL

Beat: 0915

Beat: 5100

Demographics

Male
White Hispanic

Age: 30 Years - Approx.

Sobriety: Unknown

PERSON REPORTING OFFENSE - Individual

Name: [REDACTED]

Res: [REDACTED]

Chicago IL

Beat: 0915

Beat: 5100

Demographics

Female
White Hispanic

Age: 29 Years - Approx.

Injury Info (ESCOBAR,Miguel - Victim)

INJURIES

CPD First Aid Given? Yes

Injury Extent: Minor

Hospital: [REDACTED]

Physician Name: [REDACTED]

Type
Abrasions

Weapon Used
Other

Other Weapon Used
Other - Taser Deployed

DOMESTIC INFO

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

NARRATIVE

EVENT# IN SUMMARY R/O'S REPONDED TO ABOVE LOCATION AND WERE MET BY (PERSON REPORTING OFFENSE) AND (PARENT/MOTHER). INFORMED R/O'S THAT SHE WAS AFRAID TO GO INTO HER APARTMENT BECAUSE WAS NAKED AND ACTING VIOLENT. STATED THAT HAS BEEN ACTING ERRATIC AND HAS BEEN SCREAMING SINCE 530AM AND THAT HE HAD A PIECE OF IRON IN HIS HAND WHILE BLOCKING HER PATH THIS MORNING. (PARENT) INFORMED R/O'S THAT SUBJECT WAS BIPOLAR AND HAS NOT TAKEN HIS MEDICATION FOR OVER A YEAR AND HAS BEEN SMOKING MARIJUANA. TOLD R/O'S THAT HE HAD EXPLODED TODAY AND HAD BEEN ACTING ERRATIC. INFORMED R/O'S THAT HAS BEEN ADMITTED TO THE HOSPITAL IN THE PAST AND THAT HE ONCE HELD A KNIFE TO HIMSELF AND PROCEEDED TO CUT HIMSELF AND TOLD HIS MOTHER THAT NEXT TIME HE WAS GOING TO RUN THE KNIFE ALL THE WAY INSIDE HIM. THEN WAS HEARD SCREAMING THAT HE WAS JESUS WHILE HE WAS NAKED HOLDING A FRYING PAN OVER HIS PENIS. NOTIFIED HER HUSBAND, WHO WAS ENROUTE TO THIS LOCATION. SUBJECT THEN BEGAN TO THROW ITEMS OUT OF THE WINDOW. R/O'S CALLED FOR ADDITIONAL UNITS TO ASSIST THEM AT LOCATION. R/O'S INFORMED THAT THE SUBJECT WAS BECOMING MORE HOSTILE AND THAT WE NEEDED TO GAIN ENTRY TO THE RESIDENCE. OPENED THE DOWNSTAIRS DOOR TO LOCATION FOR R/O'S. SAW R/OS GAINING ENTRY AND RAN FROM THE WINDOW AND WENT TO THE ROOF WITH A KNIFE. SUBJECT WAS ON THE ROOF FOR AWHILE. R/OS ATTEMPTED TO FIND A WAY TO THE ROOF. SUBJECT WAS THEN SEEN HOLDING A BRICK AND BEGAN THROWING SEVERAL ITEMS TOWARDS THE POLICE. AS A RESULT, P.O. J. CAMPAGNA #4222, ATTEMPTED TO RUN OUT THE WAY OF ONE OF THESE ITEMS THAT WERE THROWN AT HIM AND HE FELL ONTO THE SIDEWALK INJURING HIMSELF. WAS OBSERVED TRYING TO MAKE CONTACT WITH THE ELECTRICAL WIRES THAT WERE CLOSE TO THE ROOF. SUBJECT THEN WENT BACK INTO HIS APARTMENT, WHERE A FORCED ENTRY WAS MADE DUE TO THE WELL BEING OF , POLICE, AND THE PEOPLE AROUND THE LOCATION. WAS TOLD TO STOP AND LAY DOWN ON THE GROUND. DID NOT LISTEN TO VERBAL COMMANDS AND HAD TO BE RESTAINED BY R/OS. HAD TO BE REPEATEDLY TAZED DUE TO HIS BEING COMBATIVE AND RESISTING BY KICKING HIS LEGS AND SWINGING HIS ARMS. WAS ALSO PULLING HIS ARMS UNDERNEATH HIS BODY. WAS FINALLY HANDCUFFED, SUBDUED AND WAS PUT INTO THE THE WAGON BEAT 973. R/OS TRANSPORTED ASSISTED BY BEAT 905 TO RECEIVE TREATMENT. WAS TREATED BY EMERGENCY PERSONNEL ALONG WITH THE DR. STRAUS. WHILE TRYING TO RESTRAIN SGT B. DEVAN #1589 INJURED HIS LEFT ARM AND HAND. P.O. A. MACIAS INJURED HIS RIGHT KNEE WHEN TRYING TO RESTRAIN AND P.O. J. CAMPAGNA SUSTAINED A BROKEN RIGHT ELBOW.

- STAR#: 4231 NAME: JAMES BORECZKY BEAT: 0973

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	2682		FLISK, Margaret, J		08 Oct 2014 20:15	009	
Reporting Officer	4231		BORECZKY, James, M		08 Oct 2014 20:03	009	0973
Reporting Officer	4743		RODRIGUEZ, Jose, V		08 Oct 2014 20:03	009	0973



ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

STATUS COMPLETED- RELEASE
W/O CHARGING

CB #:

IR #:

YD #:

RD #:

EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 915	Male	NO PICTURE AVAILABLE
	Res: [REDACTED] Chicago, IL 60616 Unknown		Black Hispanic 5' 08" 175 lbs Brown Eyes Black Hair Short Hair Style Dark Brown Complexion	
	DOB: [REDACTED]			
	AGE: 30 years			
	POB: Unknown			
	ARMED WITH Lethal Cutting Instrument			

INCIDENT	Arrest Date: 08 October 2014 16:28	TRR Completed? No	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED] Chicago, IL 60616 090 - Apartment	Beat: 915	Dependent Children? No	DCFS Ward ? No	[REDACTED]
	Holding Facility: District 009 Lockup				
	Resisted Arrest? No				

CHARGES			Victim	IR #	CB #
1	Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, Sgt. Devan #1589		
2	Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, P.O. Campagna #4222		
3	Offense As Cited	720 ILCS 5.0/12-3.05-D-4 AGG BATTERY/PEACE OFFICER Class 2 - Type F	State Of Illinois, P.O. Macias #5344		
4	Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	State Of Illinois, Sgt. Devan #1589		
5	Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	State Of Illinois, P.O. Campagna #4222		
6	Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	State Of Illinois, P.O. Macias #5344		
7	Offense As Cited	720 ILCS 5.0/12-2-B-4 AGG ASSAULT PC OFFICER/VOLUNTEER Class A - Type M	State Of Illinois, P.O. Kelly #19397		

ARREST REPORTING

8

AGG ASSAULT PC OFFICER/VOLUNTEER
Class A - Type M
Offense As Cited **720 ILCS 5.0/12-2-B-4**

State Of Illinois, P.O. Lindstrom
#10592

AGG ASSAULT PC OFFICER/VOLUNTEER
Class A - Type M

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Sgt. Devan #1589

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Campagna #4222

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Macias #5344

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Kelly #19397

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Lindstrom #10592

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

NON-OFFENDER(S)

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

ARREST REPORTING

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT [REDACTED] THE ARRESTEE IS IN CUSTODY IN THAT A/OS AND ASSISTING OFFICERS RESPONDED TO A CALL OF AN ASSIST BY BT. 973 REQUESTING A CAR WITH A TASER FOR A MENTAL PATIENT, AND ONCE ON SCENE, THE ARRESTEE WAS THROWING VARIOUS ITEMS OUT OF A SECOND STORY WINDOW AT OFFICERS. THE ARRESTEE WAS ON THE ROOF AT ONE POINT HOLDING A BRICK AND THEN LATER THREW AN OBJECT OFF THE BUILDING TO WHICH P.O. CAMPAGNA #4222 BELIEVED TO BE THE BRICK, AND IN TRYING TO AVOID THE OBJECT FELL AND BROKE HIS RIGHT ARM. A/OS AND ASSISTING OFFICERS THEN MADE FORCED ENTRY INTO THE APARTMENT FOR THE SAFETY OF THE UNITS ON SCENE, THE ARRESTEE, AND THE GATHERING CIVILIANS AT WHICH TIME THE ARRESTEE STARTED PUNCHING AND KICKING AT A/OS. THE ARRESTEE PULLED AWAY, AND LAYED ON HIS HANDS IN AN ATTEMPT TO DEFEAT THE ARREST WHILE STILL KICKING AND PUNCHING AT A/OS WHEN A/OS WERE ABLE TO GET HIS HANDS OUT FROM BENEATH HIM. P.O. LINDSTROM #10592 PERFORMED A DRY STUN WITH THE TASER AND P.O. KELLY #19397 DEPLOYED HIS TASER, BOTH HAVING LITTLE EFFECT ON THE ARRESTEE. DURING THE INCIDENT, SGT. DEVAN #1589 SUFFERED SCRATCHES TO HIS LEFT HAND AND LEFT ARM, AND P.O. MACIAS #5344 SUFFERED PAIN AND SWELLING TO HIS RIGHT KNEE, ALL INJURIES BEING CAUSED BY THE ARRESTEE STRIKING THE OFFICERS. THE ARRESTEE ATTEMPTED TO STRIKE WITH HIS HANDS AND FEET P.O. KELLY #19397, P.O. LINDSTROM #10592, P.O. CAMPAGNA #4222, P.O. MACIAS #5344, AND P.O. DEVAN #1589, MAKING CONTACT WITH THE 3 INJURED A/OS. THE OFFENDER WAS EVENTUALLY PLACED INTO CUSTODY WITH THE HELP OF ASSISTING UNITS AND TRANSPORTED TO [REDACTED] FOR A PSYCHIATRIC EVALUATION. NAME CHECK CLEAR. NOT ON PAROLE, PROBATION, OR 2DOA. THE ARRESTEE HAS NO INVESTIGATIVE ALERS. THE ARRESTEE HAS NO GANG CARD BUT IS LISTED IN THE CLEAR SYSTEM AS AN AMBROSE GANG MEMBER. THE ARRESTEE TO BE TREATED BY DR. [REDACTED]

Desired Court Date:

Branch:

Court Sgt Handle? No

Initial Court Date:

Branch: - Room

Docket #:

BOND INFORMATION NOT AVAILABLE

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #19397 KELLY, P J [REDACTED] 08 OCT 2014 20:28

ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#19397	KELLY, P J [REDACTED]	0935
2nd Arresting Officer:	#10592	LINDSTROM, B J [REDACTED]	0925

APPROVING SUPERVISOR:

ARREST PROCESSING REPORT

Holding Facility: District 009 Lockup
Received in Lockup:
Prints Taken:
Palprints Taken:
Photograph Taken:
Released from Lockup: 08 October 2014 21:10

Time Last Fed:
Time Called: Phone#:
Cell #:
Transport Details : 2PO 0973 08-OCT-2014 16:37

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

No charges being sought at this time.

██████████ was taken to ██████████ and is being seen by Dr ██████████ for Mental Evaluation. Per Leads Extradition Officer STOREY #19602, with no local charges ██████████ will not be held for active warrant

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Assisting Arresting Officer:	#13242	VELAZQUEZ, M J ██████████	0972
Assisting Arresting Officer:	#13854	WEBER, J E ██████████	0935
Assisting Arresting Officer:	#1589	DEVAN, B J ██████████	0910
Assisting Arresting Officer:	#18585	PAWLOWSKI, C M ██████████	0931
Assisting Arresting Officer:	#4222	CAMPAGNA, J C ██████████	0915
Assisting Arresting Officer:	#5259	NUNEZ, R C ██████████	0931
Assisting Arresting Officer:	#5344	MACIAS, A ██████████	0915

APPROVAL PERSONNEL:

			Beat
Release w/o Charging Appvl :	#1615	ULLEWEIT, F C ██████████	08 OCT 2014 21:03

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 08-OCT-2014		TIME 16:26:00		2. ADDRESS OF OCCURRENCE CHICAGO, IL 60616			3. LOCATION CODE 090		4. BEAT/OCCUR 0915													
	5. POSITION 9161		6. LAST NAME CAMPAGNA		7. FIRST NAME JAMES C		8. STAR NO. 4222		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 509		12. HT. 205								
	14. DATE OF APPT. 10-MAY-1999		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 0915		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME CHICAGO, IL		21. FIRST NAME 60616		22. M.I. 60616		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 508		26. HT. 175		27. WT. 175								
	28. ADDRESS CHICAGO, IL		29. TELEPHONE NO. 60616		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHICAGO, IL		34. BY WHOM? CHICAGO, IL		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36. CHARGES PLACED <input type="checkbox"/> DNA																37. CB NO. <input type="checkbox"/> DNA		IR NO. <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER VERBAL COMMANDS		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____								
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION MENTAL WAS THROWING KNIVES, FRYING PANS, AND OTHER BLUNT OBJECTS AT OFFICERS, REMAINING COMBATIVE THROUGHOUT THE INCIDENT		POSITION		STAR NO.		UNIT		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR						
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.						
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)						
CASE INFO.	70. EVENT NO.		71. R.D. NO.		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
	72. CASE INFO.				NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
	SIGNATURES				73. REPORTING MEMBER (Print Name) FLISK, MARGARET J		STAR/EMPLOYEE NO. 2682		SIGNATURE CHICAGO, IL		74. REVIEWING SUPERVISOR (Print Name) BICKHAM, TIMOTHY M		STAR NO. 284		SIGNATURE CHICAGO, IL		DATE REVIEWED 08-OCT-2014 18:23:50						
75. REVIEWING SUPERVISOR (Print Name) BICKHAM, TIMOTHY M																STAR NO. 284		SIGNATURE CHICAGO, IL		DATE REVIEWED 08-OCT-2014 18:23:50		TIME 08-OCT-2014 18:23:50	

CPD-11.3.77 (REV. 10/07)

CPD 0328521

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview Arrestee due to fact he is being seen at [REDACTED] Hospital for psychiatric evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Following review of incident, R/Lt finds the Officer followed Department Rules and Regulations, city law and state law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08-OCT-2014 18:27:03

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 08-OCT-2014		TIME 16:26:00		2. ADDRESS OF OCCURRENCE CHICAGO, IL 60616			3. LOCATION CODE 090		4. BEAT/OCCUR 0915						
	5. POSITION 9161		6. LAST NAME KELLY		7. FIRST NAME PATRICK J		8. STAR NO. 19397		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 600		12. HT. 197	
	14. DATE OF APPT. 26-JAN-2004		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 0935		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME CHICAGO, IL 60616		21. FIRST NAME CHICAGO, IL 60616		22. M.I. CHICAGO, IL 60616		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WBH		25. D.O.B. CHICAGO, IL 60616		26. HT. 508		27. WT. 175	
SUBJECT INFORMATION	28. ADDRESS CHICAGO, IL 60616		29. TELEPHONE NO. CHICAGO, IL 60616		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHICAGO, IL 60616		34. BY WHOM? CHICAGO, IL 60616		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED CHICAGO, IL 60616		37. CB NO. CHICAGO, IL 60616		38. DNA <input type="checkbox"/> DNA		39. DNA <input type="checkbox"/> DNA									
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>							
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>							
MEMBERS RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>							
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>											
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
	45. MAKE/MANUFACTURER CHICAGO, IL 60616		46. MODEL CHICAGO, IL 60616		47. BARREL LENGTH CHICAGO, IL 60616		48. CALIBER/GAUGE CHICAGO, IL 60616									
	49. TASER DART ID NO. C62004VWK		50. WEAPON SERIAL No. (Include Letters) X30001R96		51. CHICAGO GUN REG. NO. CHICAGO, IL 60616		52. IL FIREARM OWNER ID. NO. CHICAGO, IL 60616		53. HANDGUN CERTIFICATE NO. CHICAGO, IL 60616							
	54. SPECIAL WEAPON CERTIFICATE NO. CHICAGO, IL 60616		55. PROPERTY INVENTORY NO. CHICAGO, IL 60616		56. TYPE OF AMMUNITION USED CHICAGO, IL 60616		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED CHICAGO, IL 60616							
CASE INFO.	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) CHICAGO, IL 60616		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED CHICAGO, IL 60616		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) CHICAGO, IL 60616									
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) CHICAGO, IL 60616		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD CHICAGO, IL 60616		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) CHICAGO, IL 60616		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. CHICAGO, IL 60616		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) CHICAGO, IL 60616									
	70. EVENT NO. CHICAGO, IL 60616		71. R.D. NO. CHICAGO, IL 60616													
SIGNATURES	73. REPORTING MEMBER (Print Name) KELLY, PATRICK J		STAR/EMPLOYEE NO. 19397		SIGNATURE CHICAGO, IL 60616											
	74. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE CHICAGO, IL 60616		DATE REVIEWED 08-OCT-2014 18:19:18		TIME 08-OCT-2014 18:19:18							
	75. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE CHICAGO, IL 60616		DATE REVIEWED 08-OCT-2014 18:19:18		TIME 08-OCT-2014 18:19:18							
	76. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE CHICAGO, IL 60616		DATE REVIEWED 08-OCT-2014 18:19:18		TIME 08-OCT-2014 18:19:18							

CPD-11.3.77 (REV. 10/07)

CPD 0328523

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview Arrestee due to fact he is being seen at [REDACTED] Hospital for psychiatric evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Following review of incident, R/lt finds the Officer followed Department Rules and Regulations, city law and state law.

Taser downloaded, IPRA notified Nufio #142

No actions at this time.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 107 19 16 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

08-OCT-2014 19:03:01

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) CAMPAGNA, JAMES C		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 4222		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT 10-MAY-1999	EMPLOYEE NO. [REDACTED]	LOCATION CODE 090-APARTMENT	
UNIT OF ASSIGNMENT 009		BEAT OF OCCURRENCE 0915	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 08-OCT-2014
HEIGHT 509		TIME 16:26:00	DAY OF WEEK WEDNESDAY
WEIGHT 205		NO. OF OFFICERS BATTERED <u>10</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>10</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT D. HANDS/FISTS <input checked="" type="checkbox"/> E. FEET <input checked="" type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	RACE WHITE HISPANIC	DOB [REDACTED]
WEATHER CONDITIONS		CB NO. _____ IR NO. _____	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
APPROXIMATE OUTDOOR TEMPERATURE: 68 °F		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>2</u>			

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REPORTING MEMBER - SIGNATURE FLISK, MARGARET J	STAR NO. 2682	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE BICKHAM, TIMOTHY M	STAR NO. 284
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) KELLY, PATRICK J		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 19397		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT 26-JAN-2004		LOCATION CODE 090-APARTMENT	
EMPLOYEE NO. [REDACTED]		BEAT OF OCCURRENCE 0915	
UNIT OF ASSIGNMENT 009		BEAT/CALL NO. 0935	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 08-OCT-2014
HEIGHT 600		WEIGHT 197	TIME 16:26:00
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		DAY OF WEEK WEDNESDAY	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		NO. OF OFFICERS BATTERED <u>10</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>10</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK HISPANIC
		DOB [REDACTED]	
		CB NO.	IR NO.
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>1</u>	
		WEATHER CONDITIONS	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		APPROXIMATE OUTDOOR TEMPERATURE: <u>65 °F</u>	

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REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
KELLY, PATRICK J	19397	BICKHAM, TIMOTHY M	284

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 08-OCT-2014		TIME 16:26:00		2. ADDRESS OF OCCURRENCE CHICAGO, IL 60616			3. LOCATION CODE 090		4. BEAT/OCCUR 0915								
	5. POSITION 9161		6. LAST NAME MACIAS		7. FIRST NAME ALFONSO		8. STAR NO. 5344		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 510		12. HT. 194		13. WT. 194	
	14. DATE OF APPT. 25-MAR-2002		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 0915		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME MACIAS		21. FIRST NAME ALFONSO		22. M.I. MACIAS		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 08-10-1963		26. HT. 508		27. WT. 175			
	28. ADDRESS CHICAGO, IL 60616		29. TELEPHONE NO. 60616		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHICAGO, IL		34. BY WHOM? CHICAGO, IL		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED CHICAGO, IL		37. CB NO. CHICAGO, IL		IR NO. CHICAGO, IL		DNA <input type="checkbox"/>											
	38. DNA <input type="checkbox"/>																	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE															
WEAPON DISCHARGE INCIDENT	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>									
CASE INFO.	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>									
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>									
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
SIGNATURES	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR											
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
SIGNATURES	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
	70. EVENT NO.		71. R.D. NO.															
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
	73. REPORTING MEMBER (Print Name) MACIAS, ALFONSO		STAR/EMPLOYEE NO. 5344		SIGNATURE MACIAS, ALFONSO													
	74. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE FLISK, MARGARET J		DATE REVIEWED 08-OCT-2014 20:17:27		TIME 08-OCT-2014 20:17:27									

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview Arrestee due to fact he is being seen at [REDACTED] Hospital for psychiatric evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Following review of incident, R/Lt finds the Officer followed Department Rules and Regulations, city law and state law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08-OCT-2014 20:19:01

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MACIAS, ALFONSO		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 5344		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT 25-MAR-2002		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT 009		BEAT/CALL NO. 0915	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DOB [REDACTED]	
HEIGHT 510		WEIGHT 194	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT			
FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB [REDACTED]	
CB NO. [REDACTED]		IR NO.	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? 1			
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 60 °F			

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
MACIAS, ALFONSO	5344	BICKHAM, TIMOTHY M	284

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 08-OCT-2014		TIME 16:33:00		2. ADDRESS OF OCCURRENCE CHICAGO, IL 60616				3. LOCATION CODE 304		4. BEAT/OCCUR 0915									
	5. POSITION 9161		6. LAST NAME VELAZQUEZ		7. FIRST NAME MARTIN J		8. STAR NO. 13242		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 511		12. HT. 210					
	14. DATE OF APPT. 29-JUL-2002		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 0972		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME CHICAGO, IL 60608		21. FIRST NAME CHICAGO, IL 60608		22. M.I. CHICAGO, IL 60608		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 506		26. HT. 506		27. WT. 506					
SUBJECT INFORMATION	28. ADDRESS CHICAGO, IL 60608				29. TELEPHONE NO. CHICAGO, IL 60608				30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4				37. CB NO. CHICAGO, IL 60608				IR NO. CHICAGO, IL 60608											
REASON FOR USE OF FORCE (Check all that apply)	38. DNA				SUBJECT'S ACTIONS				MEMBER'S RESPONSE											
	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>USED HANDCUFF</u>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <u>ARMBAR</u>				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>ATTEMPTED TAKE DOWN</u>				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39. DNA				40. ADDITIONAL INFORMATION															
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE							
	49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.			
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.				58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.				73. REPORTING MEMBER (Print Name) VELAZQUEZ, MARTIN J 08-OCT-2014 17:51:56				STAR/EMPLOYEE NO. 13242				SIGNATURE CHICAGO, IL 60608				70. EVENT NO. CHICAGO, IL 60608			
	74. REVIEWING SUPERVISOR (Print Name) BICKHAM, TIMOTHY M				STAR NO. 284				SIGNATURE CHICAGO, IL 60608				DATE REVIEWED 08-OCT-2014 19:05:13				TIME 08-OCT-2014 19:05:13			
	75. REVIEWING SUPERVISOR (Print Name) BICKHAM, TIMOTHY M				STAR NO. 284				SIGNATURE CHICAGO, IL 60608				DATE REVIEWED 08-OCT-2014 19:05:13				TIME 08-OCT-2014 19:05:13			
	76. REVIEWING SUPERVISOR (Print Name) BICKHAM, TIMOTHY M				STAR NO. 284				SIGNATURE CHICAGO, IL 60608				DATE REVIEWED 08-OCT-2014 19:05:13				TIME 08-OCT-2014 19:05:13			

CPD-11.377 (REV. 10/07)

CPD 0328533

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Upon receipt of this TRR, R/Lt went to speak with Arrestee. Arrestee related that the police showed up at her house. Arrestee states that when the police showed up, they attempted to arrest her brother (CB # [REDACTED]), who is a psychiatric patient, and their actions caused him to begin to act out. Arrestee related that she had been under her father's control during the incident, and the officer arrested her for now reason, and she never kicked the officer.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Following review of the incident, R/Lt finds the Officer to have followed Department rules and regulations, City law and State law.

No actions taken.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08-OCT-2014 19:16:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

5

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

NAME (LAST - FIRST - M.I.)
VELAZQUEZ, MARTIN J

STAR NO.
13242

DATE OF APPOINTMENT
29-JUL-2002

UNIT OF ASSIGNMENT
009

SEX
☒ 1. M ☐ 2. F

RACE
HISPANIC

DOB
[REDACTED]

HEIGHT
511

WEIGHT
210

POSITION
POLICE OFFICER

EMPLOYEE NO.
[REDACTED]

BEAT/CALL NO.
0972

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

☒ 1. ON DUTY

☒ A. UNIFORM, PATROL DUTY
☐ B. UNIFORM, OTHER DUTY
Describe _____

☐ C. CITIZEN'S DRESS
☐ D. TACTICAL
☐ E. B.I.S. UNIT
☐ F. SPECIAL EMPLOYMENT
☐ G. OTHER _____

☐ 2. OFF DUTY
☐ 3. SPECIAL EMPLOYMENT
☐ 4. SECONDARY / OTHER

WORKING:
☐ A. ALONE
☒ B. WITH ONE PARTNER
☐ C. WITH MULTIPLE PARTNERS
How many? _____

PATROL TYPE:
☐ A. SQUAD CAR
☐ B. FOOT
☐ C. BICYCLE
☐ D. APV/MOTORCYCLE
☒ E. SQUADROL
☐ F. OTHER _____

TYPE OF ACTIVITY

☐ A. AMBUSH - NO WARNING
☐ B. TRAFFIC STOP/PURSUIT
☐ C. INVESTIGATING SUSPICIOUS PERSON
☐ D. DISTURBANCE - DOMESTIC
☒ E. DISTURBANCE - MENTAL PATIENT
☐ F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
☐ G. DISTURBANCE - OTHER
☐ H. MAN WITH A GUN
☐ I. PURSUING/ARRESTING OFFENDER (Specify)
CHARGE _____ IUCR CODE _____

☐ J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)
ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____

☐ K. OTHER

TYPE OF INJURY TO OFFICER

☐ A. FATAL
☐ B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
☒ C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
☐ D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

☒ A. DAYLIGHT
☐ B. NIGHT
☐ C. DAWN

☐ D. DUSK
☐ E. ARTIFICIAL LIGHT

☐ 1. POOR
☐ 2. GOOD

INCIDENT INFORMATION

☐ 1. INDOOR ☒ 2. OUTDOOR

ADDRESS OF OCCURRENCE
[REDACTED]

CITY ☒ CHICAGO

STATE (If outside Chicago)

LOCATION CODE
304-STREET

BEAT OF OCCURRENCE
0915

DATE OF OCCURRENCE
08-OCT-2014

TIME
16:33:00

DAY OF WEEK
WEDNESDAY

NO. OF OFFICERS BATTERED 1

WERE THERE ASSISTING UNITS ON SCENE? 1. ☒ YES 2. ☐ NO
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 10

MANNER OF ATTACK

☐ 01. SHOT
☐ 02. SHOT AT
☐ 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
☒ 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
☒ 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):

☐ A. FIREARM CALIBER _____

☐ 1. REVOLVER
☐ 2. SEMI-AUTOMATIC
☐ 3. RIFLE
☐ 4. SHOTGUN

☒ D. HANDS/FISTS
☒ E. FEET
☐ F. MOUTH (SPIT, BITE, ETC.)
☒ G. VERBAL THREAT (ASSAULT)
☐ H. OTHER (SPECIFY) _____

☐ B. VEHICLE

☐ 1. OFFICER STRUCK WITH VEHICLE
☐ 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE

☐ C. KNIFE/OTHER CUTTING INSTRUMENT ☐ I. BLUNT INSTRUMENT

FIREARM USE INFORMATION

(Check all that apply):
☐ A. OFFICER AT GUNPOINT
☐ B. OFFICER'S OWN WEAPON OBTAINED
☐ C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX
☐ 1. M ☒ 2. F

RACE
WHITE HISPANIC

DOB
[REDACTED]

CB NO.
[REDACTED]

IR NO.

WAS THE OFFENDER'S ACTIVITY:
DRUG RELATED?

☐ 1. YES
☒ 2. NO
☐ 3. UNKNOWN

GANG RELATED?
☐ 1. YES
☒ 2. NO
☐ 3. UNKNOWN

NO. OF OFFENDERS PRESENT? 2

WEATHER CONDITIONS

☒ A. CLEAR
☐ B. RAIN
☐ C. SNOW

☐ D. FOG / SMOKE / HAZE
☐ E. SLEET / HAIL
☐ F. SEVERE CROSS WIND

☐ G. OTHER

APPROXIMATE OUTDOOR TEMPERATURE: 65 °F

CPD-11.451 (REV. 1/04)

CPD 0328535

-

REPORTING MEMBER - SIGNATURE VELAZQUEZ, MARTIN J	STAR NO. 13242	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE BICKHAM, TIMOTHY M	STAR NO. 284
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CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

ASSIGNED TO FIELD

INCIDENT

IUCR: 0454 - Battery - Agg Po Hands No/Min Injury

Occurrence [REDACTED]

Beat: 0915

Unit Assigned: 0931

Location: Chicago IL
304 - Street

RO Arrival Date: 08 October 2014 16:33

Offenders: 1

Occurrence Date: 08 October 2014 16:33

NON OFFENDER

VICTIM - Individual

Police Officer

Name: VELAZQUEZ #13242,
Officer

Demographics

Age: Years

3120 S Halsted St

Beat: 0913

Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence 312-747-8227

Phone:

INJURIES

Injury Info (VELAZQUEZ #13242, Officer - Victim)

Injured by offender

Injury Extent: Minor

Type

Weapon Used

Other Weapon Used

Other

Hand/Feet/Teeth/Etc.

Other - Knee

Abrasions

Other

Other - Handcuff

SUSPECTS

Suspect # 1

In Custody

Name: [REDACTED]

Demographics

Res: [REDACTED]

Beat: 3100

Chicago IL

Female

DOB: [REDACTED]

White Hispanic

Age: 27 years

5'04,

Birth Place: IL

180 lbs

Brown Eyes

Brown Hair

Long Hair Style

Light Complexion

Other Communications and Availability

RELATIONSHIP

RELATIONSHIP

(Victim)

(Offender)

VELAZQUEZ #13242, Officer

is a No Relationship of [REDACTED]

DOMESTIC INFO

NARRATIVE

EVENT [REDACTED] IN SUMMARY OFFICER VELAZQUEZ (VICTIM) RELATED TO R/OS THAT OFFICER VELAZQUEZ (VICTIM) WORKING BT 972 IN FULL CHICAGO POLICE UNIFORM RESPONDED TO ASSIST ON A MENTAL DISTURBANCE RECORDED UNDER RD# [REDACTED] OFFICER VELAZQUEZ) FURTHER RELATED TO R/OS THAT AFTER THE SCENE WAS SECURED [REDACTED] (OFFENDER) ARRIVED ON SCENE BEING LOUD AND BELIGERENT TOWARDS THE POLICE ATTEMPTING TO ENTER THE APARTMENT WHERE THE INCIDENT WITH THE MENTAL DISTURBANCE OCCURED. OFFICER VELAZQUEZ THEN RELATED THAT HE ATTEMPTED TO GUIDE [REDACTED] ACROSS THE STREET IN ORDER FOR THE CFD PARAMADICS AND CPD PERSONNEL TO BRING THE SUBJECT INVOLVED IN THE MENTAL DISTURBANCE NOW KNOWN AS [REDACTED] (OFFENDER'S BROTHER). [REDACTED] THEN FORCEFULLY PUSHED OFFICER VELAZQUEZ WITH BOTH HANDS UPON OFFICER VELAZQUEZ IN ATTEMPT TO GAIN ACCES TO HER BROTHER. OFFICER VELAZQUEZ STATED THAT HE WAS IN THE PROCESS OF ATTEMPTING TO PLACE A HAND CUFF ON [REDACTED] (OFFENDER) WHEN [REDACTED] CAME ACROSS WITH A RIGHT KNEE AND STRIKING OFFICER VELAZQUEZ GROIN CAUSING PAIN. OFFICER VELAZQUEZ GAVE SEVERAL VERBAL COMMANDS TO [REDACTED] TO PLACE HER HANDS BEHIND HER BACK AND TO STOP RESISTING. OFFICER VELAZQUEZ THEN PLACED A HANDCUFF ON [REDACTED] LEFT WRIST WHEN SHE PULLED AWAY AND STRUCK OFFICER VELAZQUEZ ON HIS LOWER LEFT ARM WITH THE LOOSE HANDCUFF CAUSING SWELLING AND BRUISING. [REDACTED] CONTINUED PULLING HER ARMS AWAY FROM OFFICER VELAZQUEZ IN AN ATTEMPT TO DEFEAT THE ARREST. OFFICER VELAZQUEZ REGAINED CONTROL OF HER ARMS AT WHICH TIME [REDACTED] LOWERED HER RIGHT SHOULDER AND SHOVED OFFICER VELAZQUEZ AGAINST A PARKED VEHICLE. [REDACTED] PLACED UNDER ARREST WITHOUT FURTHER INCIDENT AND TRANSPORTED TO THE 009TH DISTRICT FOR PROCESSING. [REDACTED] (OFFENDER) SEARCHED BY OFFICER V. SILVA #11935 IN THE 009TH DISTRICT PROCESSING ROOM. OFFICER TRANSPORTER TO [REDACTED] HOSPITAL FOR TREATMENT OF INJURIES.

- STAR#: 18585 NAME: CARL PAWLOWSKI BEAT: 0931
- STAR#: 5259 NAME: REYNALDO NUNEZ BEAT: 0931

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1589	[REDACTED]	DEVAN, Brian, J	[REDACTED]	08 Oct 2014 20:10	009	
Detective/Investigator	20028	[REDACTED]	WALSH, Michael, J	[REDACTED]	09 Oct 2014 13:45	610	
Reporting Officer	18585	[REDACTED]	PAWLOWSKI, Carl, M	[REDACTED]	08 Oct 2014 17:52	011	0931



CB	IR	YD	RD	EVENT
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(For use by Chicago Police Department Personnel Only)
CPD-11. 420C (REV. 6/30)

INCIDENT

Name: [REDACTED]
Res: Chicago, IL 60608
Unemployed
DOB: [REDACTED]
AGE: 27 years
POB: Illinois
SSN: [REDACTED]
ARMED WITH Unarmed

Beat: 1034

Female
White Hispanic
5' 06"
220 lbs
Brown Eyes
Brown Hair
Long Hair Style
Olive Complexion

Arrest Date: 08 October 2014 16:31

TRR Completed? No

Total No Arrested:1

Co-Arrests

Assoc Cases

Location: [REDACTED]

Beat: 915

Dependent Children? No

DCFS Ward ? No

Chicago, IL 60616
304 - Street

Holding Facility: District 009 Lockup

Resisted Arrest?	No
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CHARGES

1 Offense As Cited **720 ILCS 5.0/12-3.05-D-4**

AGG BATTERY/PEACE OFFICER

Class 2 - Type F

2 Offense As Cited **720 ILCS 5.0/31-1-A**

RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR

Class A - Type M

Victim

State Of Illinois, P.O. Velazquez
#13242

State Of Illinois, P.O. Velazquez
#13242

FELONY REVIEW

Felony Review : Approved 08 OCT 2014 21:20

Turnock, Patrick

State's Attorneys's Office

RECOVERED NARCOTICS

NO NARCOTICS RECOVERED

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Velazquez #13242

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED], NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

event: [REDACTED] *****name check: clear, no parole or probation, no investigative alerts on file, no gang card or gipp, no two degrees of association**** [REDACTED] (arrestee) placed into custody after [REDACTED] during the course of an incident documented under [REDACTED], was given verbal direction by officer M. Velazquez #13242, who was in full cpd uniform, to remain outside and guided [REDACTED] across the street from location of incident. [REDACTED] then pushed officer M. Velazquez #13242 forcefully with both hands in an attempt to reach her brother who was being transport to [REDACTED] for mental heath treatment. Officer Velazquez stated that he was in the process of attempting to place a handcuff on [REDACTED] when [REDACTED] came across with a right knee and struck officer Velazquez in the groin causing pain. Officer Velazquez #13242 again attempted to place a handcuff on [REDACTED]. Officer Velazquez gave several verbal commands to [REDACTED] to place her hands behind her back and to stop resisting. Officer M. Velazquez #13242 then placed a handcuff on [REDACTED] left wrist she pulled away and struck officer M. Velaquez #13242 on his lower left arm with the loose handcuff causing swelling and bruising. [REDACTED] continued pulling her arms away from officer Velazquez #13242 in an attempt to defeat the arrest. Officer M Velazquez #13242 regained control of her arms at which time [REDACTED] lowered her right shoulder and shoved officer M. Valazquez #13242 against a parked Vehicle. [REDACTED] was then placed into custody without further incident, read rights and transported to the 009th district for processing.

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 15 October 2014 Branch: 48-2 155 W 51ST ST - Room Court Sgt Handle? No Initial Court Date: 09 October 2014 Branch: 1 2600 S CALIFORNIA - Room100 Docket #:	BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL						
ATTESTING OFFICER: I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief. Attesting Officer: #13242 VELAZQUEZ, M J 08 OCT 2014 19:46						
ARRESTING OFFICER(S):						
<table border="0"><tr><td>1st Arresting Officer:</td><td>#13242 VELAZQUEZ, M J</td><td>Beat</td></tr><tr><td>2nd Arresting Officer:</td><td>#13189 WILDE, C A</td><td>0972</td></tr></table>	1st Arresting Officer:	#13242 VELAZQUEZ, M J	Beat	2nd Arresting Officer:	#13189 WILDE, C A	0972
1st Arresting Officer:	#13242 VELAZQUEZ, M J	Beat				
2nd Arresting Officer:	#13189 WILDE, C A	0972				
APPROVING SUPERVISOR:						
Approval of Probable Cause : #1615 ULLEWEIT, F C 08 OCT 2014 20:15						

ARREST PROCESSING REPORT

Holding Facility: District 009 Lockup
Received in Lockup: 08 October 2014 20:22
Prints Taken: 08 October 2014 20:17
Palprints Taken: Yes
Photograph Taken: 08 October 2014 20:30
Released from Lockup: 09 October 2014 04:50

Time Last Fed:
Time Called: Phone#:
Cell #: 83
Transport Details : 1PO 0972 08-OCT-2014 16:41

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant? No
First time ever been arrested? Yes
Attempted suicide/serious harm? Yes
Serious medical or mental problems? No
Are you receiving treatment? No
Transgender/intersex/gender non-conforming? No
Deaf/hard of hearing-request interpreter for court? No
Interpreter needed? (indicate language) No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

States She Attempted Suicide 2 Years Ago By The Use Of Pills Brought Into 009 Lockup In The Company Of Female P/O Mc Cann #7823 First Adult Arrest

LOCKUP KEEPER COMMENTS:

08 OCT 2014 22:28 SAUSEDA, Paul M : Updated Cell#83

EMERGENCY CONTACT

Name :

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

Action	By	Destination	Reason
PERMANENT MOV		08 OCT 2014 16:56 District 009 Lockup	

Watch Commander Comments:	REL w/o CHARGING
	DOES NOT APPLY TO THIS ARREST

ARRESTEE PROCESSING PERSONNEL:			
			Beat
Searched By:	#11935	SILVA, V G	
Lockup Keeper:	#10879	SCHILLACI, R R	
Assisting Arresting Officer:	#18585	PAWLOWSKI, C M	0931
Assisting Arresting Officer:	#5259	NUNEZ, R C	0931
Fingerprinted By:		CORTES III, E A	
Detective :	#20028	Walsh, Michael J	08 OCT 2014 21:53 5165

APPROVAL PERSONNEL:			
			Beat
Final Approval of Charges :	#2120	BAUTISTA, J	08 OCT 2014 21:32

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) LINDSTROM, BRIAN J		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 10592		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)	
DATE OF APPOINTMENT 15-NOV-1999		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT 009		BEAT/CALL NO. 0925	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE		LOCATION CODE 090-APARTMENT	
DOB [REDACTED]		BEAT OF OCCURRENCE 0915	
HEIGHT 510		DATE OF OCCURRENCE 08-OCT-2014	
WEIGHT 225		TIME 16:26:00	
		DAY OF WEEK WEDNESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 10	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 10	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE IUCR CODE <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE ORIGINAL IUCR CODE <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE HISPANIC	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		DOB [REDACTED]	
		CB NO. IR NO.	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
		WEATHER CONDITIONS	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		APPROXIMATE OUTDOOR TEMPERATURE: 65 °F	

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REPORTING MEMBER - SIGNATURE LINDSTROM, BRIAN J	STAR NO. 10592	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE BICKHAM, TIMOTHY M	STAR NO. 284
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1. DATE OF INCIDENT 08-OCT-2014		TIME 16:26:00		2. ADDRESS OF OCCURRENCE CHICAGO, IL 60616				3. LOCATION CODE 090		4. BEAT/OCCUR 0915																
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME LINDSTROM		7. FIRST NAME BRIAN J		8. STAR NO. 10592		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 510		12. HT. 225											
	14. DATE OF APPT. 15-NOV-1999		15. EMPLOYEE NO. 009		16. UNIT & BEAT OF ASSIGNMENT 0925		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No															
SUBJECT INFORMATION	20. LAST NAME CHICAGO, IL 60616				21. FIRST NAME CHICAGO, IL 60616				22. M.I. CHICAGO, IL 60616		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 507		27. WT. 175									
	28. ADDRESS CHICAGO, IL 60616				29. TELEPHONE NO. CHICAGO, IL 60616				30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHICAGO, IL 60616				34. BY WHOM? CHICAGO, IL 60616				35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				36. CHARGES PLACED <input type="checkbox"/> DNA				37. CB NO. <input type="checkbox"/> DNA		IR NO. <input type="checkbox"/> DNA								
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE											
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>LAYED ON HANDS</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>		40. ADDITIONAL INFORMATION WHILE ON THE ROOF THE SUBJECT WAS THROWING OBJECTS DOWN AT R/O'S AND WAS ARMED WITH A KNIFE, FRYING PAN, AND A POLE AT VARIOUS TIMES THROUGH OUT THE INCIDENT.		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE							
					49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED			
CASE INFO.	70. EVENT NO.		71. R.D. NO.		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CATRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
					NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) LINDSTROM, BRIAN J		STAR/EMPLOYEE NO. 10592		SIGNATURE 08-OCT-2014 18:09:34		74. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE 08-OCT-2014 18:20:06		DATE REVIEWED 08-OCT-2014 18:20:06		TIME	
SIGNATURES				75. REVIEWING SUPERVISOR (Print Name) FLISK, MARGARET J		STAR NO. 2682		SIGNATURE 08-OCT-2014 18:20:06		DATE REVIEWED 08-OCT-2014 18:20:06		TIME														

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/Lt unable to interview Arrestee due to fact he is being seen at [REDACTED] for psychiatric evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Following review of incident, R/lt finds the Officer followed Department Rules and Regulations, city law and state law.

Taser downloaded, IPRA notified Nufio #142
No actions at this time.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 107 19 16 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BICKHAM, TIMOTHY M

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

08-OCT-2014 19:03:39

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

EVIDENCE SYNCTM OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: ZZX3005RD

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

Offline Report

Date:

08 Oct 2014 17:20:17

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/08/2014 02:24:39	10/07/2014 21:24:39	Armed	C1: Empty C2: 25' Standard		24°C 24°C	52% 52%
10/08/2014 02:24:40	10/07/2014 21:24:40	Safe	C1: Empty C2: 25' Standard	1s 1s	24°C 24°C	52% 52%
10/08/2014 18:21:48	10/08/2014 13:21:48	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	52% 52%
10/08/2014 18:21:49	10/08/2014 13:21:49	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		52% 52%
10/08/2014 18:21:51	10/08/2014 13:21:51	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	26°C 26°C	52% 52%
10/08/2014 21:22:16	10/08/2014 16:22:16	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	52% 52%
10/08/2014 21:22:40	10/08/2014 16:22:40	Safe	C1: 25' Standard C2: 25' Standard	24s 24s	28°C 28°C	52% 52%
10/08/2014 21:23:08	10/08/2014 16:23:08	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	52% 52%
10/08/2014 21:23:22	10/08/2014 16:23:22	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		52% 52%
10/08/2014 21:23:26	10/08/2014 16:23:26	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		51% 51%
10/08/2014 21:23:56	10/08/2014 16:23:56	Safe	C1: 25' Standard C2: 25' Standard	48s 48s	30°C 30°C	51% 51%
10/08/2014 21:23:57	10/08/2014 16:23:57	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	51% 51%
10/08/2014 21:23:58	10/08/2014 16:23:58	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		51% 51%
10/08/2014 21:23:59	10/08/2014 16:23:59	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		51% 51%
10/08/2014 21:23:59	10/08/2014 16:23:59	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		51% 51%
10/08/2014 21:24:09	10/08/2014 16:24:09	Safe	C1: 25' Standard C2: 25' Standard	12s 12s	31°C 31°C	51% 51%
10/08/2014 21:24:09	10/08/2014 16:24:09	Armed	C1: 25' Standard C2: 25' Standard		31°C 31°C	51% 51%
10/08/2014 21:24:25	10/08/2014 16:24:25	Safe	C1: 25' Standard C2: 25' Standard	16s 16s	31°C 31°C	51% 51%
10/08/2014 22:14:34	10/08/2014 17:14:34	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		26°C 26°C	0% 0%
10/08/2014 22:15:19	10/08/2014 17:15:19	Time Sync	10/08/2014 17:15:19 to 10/08/2014 17:18:43			

EVIDENCE SYNC™ OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: X30001R96

Firmware Version: FWBundle Rev. 04.010

Device Health: Good

Offline Report

Date:

08 Oct 2014 17:22:03

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/08/2014 19:14:27	10/08/2014 14:14:27	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	95% 95%
10/08/2014 19:14:29	10/08/2014 14:14:29	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		95% 95%
10/08/2014 19:14:30	10/08/2014 14:14:30	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	26°C 26°C	95% 95%
10/08/2014 21:25:59	10/08/2014 16:25:59	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	95% 95%
10/08/2014 21:26:08	10/08/2014 16:26:08	Safe	C1: 25' Standard C2: 25' Standard	7s 7s	29°C 29°C	95% 95%
10/08/2014 21:26:52	10/08/2014 16:26:52	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	95% 95%
10/08/2014 21:27:41	10/08/2014 16:27:41	Trigger	C1: Deployed	5s		95% 95%
10/08/2014 21:28:17	10/08/2014 16:28:17	Arc	C1: Deployed C2: 25' Standard	1s 1s		95% 95%
10/08/2014 21:28:18	10/08/2014 16:28:18	Arc	C1: Deployed C2: 25' Standard	5s 5s		94% 94%
10/08/2014 21:28:25	10/08/2014 16:28:25	Trigger	C2: FET Fault	5s		94% 94%
10/08/2014 21:30:28	10/08/2014 16:30:28	Safe	C1: Deployed C2: FET Fault	3m 36s 3m 36s	37°C 37°C	94% 94%
10/08/2014 22:21:38	10/08/2014 17:21:38	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		27°C 27°C	0% 0%
10/08/2014 22:21:49	10/08/2014 17:21:49	Time Sync	10/08/2014 17:21:49 to 10/08/2014 17:20:57			